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FACSIMILE COVER SHEET**DATE:** May 4, 2005**TO:** Examiner Brian K. Talbot **FAX NO.:** 703-872-9306
USPTO GPAU 1762**FROM:** Jeffrey S. Abel
Reg. No.: 36,079**RE U.S. App. No.:** 10/602,467, filed June 23, 2003**Applicant(s):** Venkat Selvamanickam et al.**Atty Dkt No.:** 1014-SP103**Title:** APPARATUS FOR HIGH-THROUGHPUT ION BEAM-ASSISTED
DEPOSITION (IBAD)**NO. OF PAGES (including Cover Sheet):** 14**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Fee Transmittal (1 pg)
- ☒ Response to Office Action (8 pgs)
- ☒ Revocation, POA & Change of Correspondence Address (2 pgs, executed)
- ☒ Terminal Disclaimer (1 pg, executed)

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5000 Plaza On The Lake
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Tel: (512) 327-5515
Fax: (512) 327-5452

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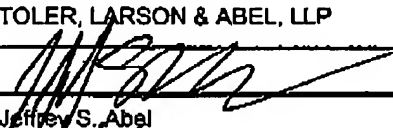
PTO/SB/21 (09-04)

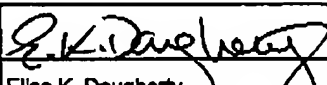
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/602,467	
	Filing Date	June 23, 2003	
	First Named Inventor	Venkat Selvamaniackam	
	Art Unit	1762	
	Examiner Name	Brian K. Talbot	
Total Number of Pages in This Submission	13	Attorney Docket Number	1014-SP103

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks CUSTOMER NO.: 34456		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	5/4/05	Reg. No.	36,079

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Elise K. Dougherty
Date	5/4/05

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**130.00****Complete if Known**

Application Number	10/602,467
Filing Date	June 23, 2003
First Named Inventor	Venkat Selvamannickam
Examiner Name	Brian K. Talbot
Art Unit	1762
Attorney Docket No.	1014-SP103

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number

50-2469

Deposit
Account
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TOLER, LARSON & ABEL, LLP

The Director is hereby authorized to: (check all that apply)

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under 37 CFR 1.16 and 1.17☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):WARNING: Information on this form may become public. Credit card
information should not be included on this form. Provide credit card
information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$ 0.00**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = \times =			
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims			
- 3 or HP = \times =			
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims			
Fee (\$)			
Fee Paid (\$)			

Subtotal (2) \$ 0.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other: Terminal Disclaimer			130.00

Subtotal (3) \$ 130.00**SUBMITTED BY**

Signature

Name (Print/Type)

Jersey S. Abel

Registration No.
(Attorney/Agent)

36,079

Telephone

512-327-5515

Date

5/4/05

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MAY 04 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Venkat Selvamanickam et al.

Title: APPARATUS FOR HIGH-THROUGHPUT ION BEAM-ASSISTED
DEPOSITION (IBAD)

App. No.: 10/602,467

Filed: June 23, 2003

Examiner: Brian K. Talbot

Group Art Unit: 1762

Customer No.: 34456

Confirmation No.: 2664

Atty. Dkt. No.: 1014-SP103

MS AMENDMENT

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed 2/10/2005, please amend the above-identified application as follows:

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<u>Elisa K. Dougherty</u> Typed or Printed Name	<u>[Signature]</u> Signature